



Covenant Microfinance Bank Ltd

Verve Card Dispense Error Form

*Please note that all section must be completed. Incomplete form will not be treated.
PLEASE COMPLETE THE FORM IN BLOCK LETTERS.

BVN

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Cardholder's Name_____

Card No:(First six digit)

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 (Last four digit)

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Account No:

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House address_____

E-mail Address: _____ Phone No. _____

Please tick the box which identifies the channel of transaction

ATM POS WEB Phone Recharge Quickteller

Cash not dispensed Partial dispense Card Retract

Below are the details of the affected transaction(s):

Transaction Date	Transaction amount	Merchant Name / Bank Name	Refence No. (STAN)

***Reference Number is a 10 digit number available on your statement or confirm from CSO

I _____ confirm that the information provided is accurate and I can be held liable for irregularities in the details supplied to the bank.

Customer's Signature _____

Date _____

Bank Official Use Only

Term ID _____

STAN _____

Disput Resolved Yes No

Customer Care _____

e-Business _____